	se type a plus sig	,			Pa	tent and Traden	nark Office: U	se through 9/30/0.S. DEPARTMEN	PTO/SB/01 (12-97) 00.0MB 0651-0032 T OF COMMERCE	
Unde	er the Paperwork control number.	Reduction A	Act of 1995,	no persons are	e require	d to respond to	a collection of	information unles	s it contains a valid	
DI	ECLARAT	ION FO	R UTIL	ITY OR	Attor	ney Docket N	lumber	39042-0036		
-	DATEN	DESIG		-	First	Named Inver		Manzer Durra	ıni	
İ	PATEN			אכ	<u> </u>		COMPLETE	IF KNOWN		
	_	7 CFR	•	_	Appli	cation Numb	er ·	10/579,088		
٦	Declaration Submitted	OR Z		d after Initial	Filing	Filing Date		May 12, 2006		
	with Initial Filing			y (surcharge CFR 1.16(e))	Group	Art Unit	1	o be assigned		
			required)	"	Exam	iner Name	1			
nar	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ALPHA 1-ANTITRYPSIN COMPOSITIONS AND TREATMENT METHODS USING SUCH COMPOSITIONS									
the	specification of w is attached h OR			(Titi	le of the .	Invention)				
Ø	was filed on ((MM/DD/YY	YY)	05/12/2006]	as United	f States Applic	ation Number or	PCT International	
	ation Number		_	amended on (A		<i>,</i>	(if applicable).			
amen	bby state that I in ded by any amen owledge the duty	dment spec	ifically refer	ed to above.				•	g the claims, as	
I here certific Americ	by claim foreign ate, or 365(a) o	priority ben f any PCT and have als	efits under internationa o identified	35 U.S.C. 119 I application w below. by che	(a)-(d) o	or 365(b) of an signated at lease box, any foreign	ny foreign app st one country	silication(s) for par y other than the	tent or inventor's United States of entor's certificate,	
Prior I	Foreign Application Number(s)		ountry	Foreign Filin (MM/DD/Y		Prio Not Cla		Certified Co YES	py Attached? NO	
						. [] .		Ø	
							1		0	
							'			
l Ad	ditional foreign or	polication au	mhom ore (alad aa a ay	-1	1 - 4 - 4 - 4 - 4 - 4				
l hereb	y daim the benef	fit under 35	U.S.C. 1196	sted on a supp e) of any Unite	d States	novisional ann	lication(s) lists	28 attached here	to:	
	Application Nur	nber(s)		Filing Date (iloadori(o) ilote	JOEOW.		
				4/2003		numb suppl	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.			
				,						

(Page 1 of 2)
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Unde	s sign (+) inside this box or the Paperwork Reductions a valid OMB control	tion Act of 1995, no p	Patent a persons ar	nd Trademark O	ffice: U.S	. DEPART	PTO/SB/01 (12-97) 9/30/00.OMB 0651-0032 MENT OF COMMERCE to finformation unless it
		iON — Utility	or De	sign Pate	nt Ap	 plicati	on
designating the Ui designated in the I acknowledge the	e benefit under 35 U.S. nited States of America, prior United States or P duty to disclose inform date of the prior applica	.C. 120 of any United listed below and, inso CT international application which is material	States appropriate States Stat	oplication(s), or a subject matter on ne manner provious stability as define mational filing d	365(c) of a feach of the led by the led in 37 Cate of this	any PCT in the claims first parago FR 1.56 wapplication	nternational application of the application is not graph of 31 U.S.C. 112. which became available n.
U.S. Pan	ent Application or Po	CT Parent Number		Parent Fill (MM/DD/		Par	rent Patent Number (if applicable)
PCT/US2004/0386	650			11/11/2	2004		
	or PCT international app						
Patent and Tradema	or, I hereby appoint the fo ark Office connected there	ewith:	Number [_	25213 -	• • • • • • •	 →	Place Customer Number Bar Code Label here
N	lame	Registration Number		Name			Registration Number
Additional registr	ered practitioner(s) named	f on supplemental Regis	stered Prac	titioner Information	on sheet P	TO/SB/02C	attached hereto.
Direct all correspon	ndence to:	er Number Code Label	2521	3	OR 🗆 C	orrespond	ence address below
Name							
Address							
City			Sta	ite	ZIP		
Country		Telephone			Fax		
I hereby declare that	all statements made her	ein of my own knowled	ige are tru	e and that all sta		ade on info	ormation and belief are

releasy declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

application or any patent i	ssued thereon.					- They jeopare					
Name of Sole or F	irst Inventor:		A petition has been filed for this unsigned inventor								
Given Nam	e (first and middle	(if any)		Family Name or Surname							
	Manzer			DURRANI							
Inventor's Signature	n o	M. L	m-	<u> </u>	Date	12/7/07					
Residence: City	Plantation State		FL	Country	United States	Citizenshi	United p States				
Residence: Address	8290 Cleary Bou	ılevard, Vill	a #2906								
Post Office: Address	8290 Cleary Bou	levard, Vill	a #2906								
Post Office: City	Plantation	State	FL	ZIP	33324	Country	United States				
Additional inventors a	re being named on t	he supplem	ental Addition	onal Inventor(s)	sheet(s) PTO/S	B/02A attache	d hereto:				

Please Type a plus sign (+) inside this box -	→ [-]	PTO/SB/02A (3-97)
	لنا	Approved for use through 9/30/98 OMB 0651-0032
		Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECL	.AR/	ITA	0	N
------	------	-----	---	---

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 3

Name of Additiona	al Joint Inventor	r, if any:			A petition	has been	filed fo	or this uns	gned	inventor
Given Nam	e (first and middle	(if any)		Τ		Fami	lv Name	e or Surna	me	
	Harish							MAR		
Inventor's Signature						·		Date	T	
Residence: City	Fullerton	State	C	١	Country	United ry States		Citizenship		United States
Residence: Address	2056 McGarvey	Street								
Post Office: Address	2056 McGarvey	Street								
Post Office: City	Fullerton	State	C/	١	ZIP	928	33	Country		United States
Given Name	e (first and middle (if any)		Family Name or Surname						
	Timothy						KRIE	GER		
Inventor's Signature	nventor's Signature							Date		
Residence: City	Richmond	State	TX		Country	United Country States		Citizenship		United States
Residence: Address	7702 Dovetail La	ne								
Post Office: Address	7702 Dovetail La	ne								······
Post Office: City	Richmond	State	ΤX		ZIP	77469		Country		United States
Given Name	(first and middle (I	fany)				Family	/ Name	or Surnan	ie .	
•	Ken						KABIN	GUE		
Inventor's Signature								Date		
Residence: City	Los Angeles	State	CA		Country	Unit Stat		Citizenship		United States
Residence: Address	5146 Windermere	Avenue								
Post Office: Address	5146 Windermere	Avenue								
Post Office: City Additional inventors are	Los Angeles	State	CA	A	ZIP	90041	· .	Country		United States

contains a valid OMB control number.

PTO/SB/02A (3-97) Approved for use through 9/30/98,OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it

	Valid Civid Control in	<u></u>				 					
D	ECLARATIO	N		Supplemental Sheet Page _2 of _3_							
Given Nam	me (first and middle	(if any)			Family Name or Surname						
	Virginia				MOSHER						
Inventor's Signature							Date				
Residence: City	Lebanon	State	MC)	Country	United States	Citizensh	United states			
Residence: Address	27011 Harrill L	ane						****			
Post Office: Address	27011 Harriii La	ane									
Post Office: City	Lebanon	State	MO)	ZIP	65536	Country	United States			
Given Nam	ne (first and middle	(if any)			Family Name or Surname						
	Philip J.						ARR				
Inventor's Signature	Inventor's Signature						Date				
Residence: City	Oakland	State	CA		Country	United States	Citizenshi	United States			
Residence: Address	5602 Denton Pla	ice									
Post Office: Address	5602 Denton Pla	ce									
Post Office: City	Oakland	State	CA		ZIP	94619	Country	. United States			
Given Name	e (first and middle	(If any)				Family Nan	ne or Surname	9			
	lan C.					BAT	HURST				
Inventor's Signature							Date				
Residence: City		State	Breitenb	ach	Country	Austria	Citizenship	United States			
Residence: Address	Dorf. 82										
Post Office: Address	Dorf. 82		,								
Post Office: City		State	Breitenba	ach	ZIP	A-6252	Country	Austria			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please type a plus sign (+) inside this b	ох —		<u>.</u> . '	Approved for u	use through 9/30/6	PTO/SB/01 (12-97) 00.OMB 0651-0032		
Under the Paperwork Rec OMB control number.	luction Act of	1995, no persons are					T OF COMMERCE is it contains a valid		
DECLARATIO	N FOR	ITILITY OR	Alton	ney Docket N	lumber	39042-0036			
D	ESIGN	•	First	Named Inver	ntor	Manzer Durra	nni		
PATENT A	APPLIC/	ATION				IF KNOWN			
I —	CFR 1.63	•	Applic	cation Numb	er 1	10/579,088			
Declaration Submitted	Sub	laration mitted after Initial	Filing Date			May 12, 2006			
with Initial OF	Filin	g (surcharge CFR 1.16(e))	Group Art Unit			o be assigned			
g		ired)	Exam	iner Name	Τ	o be assigned			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ALPHA 1-ANTITRYPSIN COMPOSITIONS AND TREATMENT METHODS USING SUCH COMPOSITIONS (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) 05/12/2006 as United States Application Number or PCT International									
Application Number 10/5 I hereby state that I have amended by any amendment acknowledge the duty to or	e reviewed arent specifically	referred to above.	contents	of the above i		cification, includin	g the daims, as		
I hereby claim foreign pric certificate, or 365(a) of ar America, listed below and or of any PCT international	ority benefits on PCT internated have also ide	under 35 U.S.C. 119 ational application w ntified below, by che aving a filing date bef	P(a)-(d) of which de- cking the fore that	or 365(b) of an signated at least box, any foreit of the application	ny foreign app st one country gn application on on which pri	plication(s) for pa y other than the for patent or inve ority is claimed.	United States of entor's certificate,		
Prior Foreign Application Number(s)	Country	Foreign Filin (MM/DD/Y)	g Date YYY)	Prio Not Cla		Certified Co YES	py Attached? NO		
					_				
:									
☐ Additional foreign applic	ation number	s are listed on a supp	olementa	I priority data st	neet PTO/SB/0)28 attached here			
I hereby claim the benefit up	nder 35 U.S.C	. 119(e) of any Unite	d States	provisional app	lication(s) liste	d below.			
Application Numbe 60/520,549	1(3)	Filing Date ((MM/DD/		numb suppl	ional provisional a ers are listed on emental priority d SB/028 attached	a ata sheet		

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please Type a plus	s sian (+) inside	this box	
--------------------	-----------	----------	----------	--

contains	a valid OMB control r	number.	999, 110 pt	C150115 8	are requir	red to res	portu to	a conecco	1 01 11	normation unless	
· =0,12,	DECLARATI	ON —	Utility	or D	esigr	n Pate	nt A	oplicat	ion	· · · · · · · · · · · · · · · · · · ·	
I hereby claim the be designating the United designated in the prior I acknowledge the du between the filing date	enefit under 35 U.S.(d States of America, or United States or Po ty to disclose inform	C. 120 of a listed below CT internation ation which	ny United v and, insolo onal applic o is materia	States a far as the cation in al to pate	application ne subject the manu entability	on(s), or 3 at matter of oner provid	365(c) of f each of led by the	f any PCT f the claims le first para CFR 1.56 v	intern of the graph	e application	
U.S. Parent	Application or PC	T Parent	Number			rent Fili (MM/DD/	_	e Pa		Patent Number applicable)	
PCT/US2004/038650					<u> </u>	11/11/2			1	аррповыој	
Additional U.S. or I	PCT international appli	cation numb	ers are list	ed on a s	suppleme	ntal priority	data sh	eet PTO/SB	/028 a	ttached hereto.	
As a named inventor, I Patent and Trademark (hereby appoint the fo Office connected there	with: 🖾 C	Customer N		to prose 2521 :		applicatio	on and to tra	nsact	all business in the Place Customer Number Bar	
			Registered	practition	ner(s) nar	me/registra	ition num	ber listed be	low	Code Label here	
Nam	e	Regis	stration Imber	T		Nam			Registration Number		
								l		•	
Additional registered	I practitioner(s) named	on supplem	ental Regis	stered Pr	ractitioner	Informatio	n sheet l	PTO/SB/020	attac	ched hereto.	
Direct all corresponde		er Number Code Label		252	213	7	OR 🗆	Correspond	ience	address below	
Name											
Address											
City				s	State		ZIP				
Country		Telephone					Fax				
I hereby declare that all believed to be true; and punishable by fine or Im- application or any patent	further that these stat prisonment, or both, u	tements were	e made wit	th the kn	nowledge	that willful	false sta	atements an	d the	like so made are	
Name of Sole or F	irst Inventor:			A peti	ition has	been file	d for thi	is unsigne	d inv	entor	
Given Nan	ne (first and middle	(if any)				Fami	ly Name	or Surnar	ne		
	Manzer			<u> </u>			DUR	RANI			
Inventor's Signature								Date			
Residence: City	Plantation	State	FL	C	Country		ited ates	Citizensi	nip	United States	
Residence: Address	8290 Cleary Bou	ılevard, Vil	la #2906								
Post Office: Address	8290 Cleary Bou	ılevard, Vil	la #2906								
Post Office: City	Plantation	² State	FL	z	ZIP	333	24	Country		United States	
Additional inventors	are being named on	the supplem	nental Add	itional In	ventor(s)) sheet(s)	PTO/SB	/02A attach	ed h	ereto.	

Please	Type a	plus	sign	(+) iı	nside	this	box		+

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 3

	· · · · · · · · · · · · · · · · · · ·							
Name of Additiona	I Joint Inventor	r, if any:		☐ A petition	has been filed fo	or this unsig	gned	inventor
Given Nam	e (first and middle	(if any)			Family Nam	e or Surnar	ne	
	Harish				KU	MAR		•
Inventor's Signature	Joseph Hun	\$				Date	18	عود \$207
Residence: City	Fullerton	State	CA	Country	United States	Citizensi	nip	United States
Residence: Address	2056 McGarvey	Street				•		
Post Office: Address	2056 McGarvey	Street						
Post Office: City	Fullerton	State	CA	ZIP	92833	Country	Unite ntry State	
Given Name	(first and middle (if any)		·	Family Name	or Surnam	10	
	Timothy			KRIE	EGER			
Inventor's Signature						Date		
Residence: City	Richmond	State	тх	Country	United States	Citizensh	ip	United States
Residence: Address	7702 Dovetail La	ne						
Post Office: Address	7702 Dovetail La	ne						
Post Office: City	Richmond	State	тх	ZIP	77469	Country		United States
Given Name	(first and middle (i	rany)			Family Name	or Surname	<u>e</u>	·
	Ken `				KABIN	IGUE		
Inventor's Signature						Date		
Residence: City	Los Angeles	State	CA	Country	United States	Citizenshi	р	United States
Residence: Address	5146 Windermere	Avenue						-
Post Office: Address	5146 Windermere	Avenue						
Post Office: City	Los Angeles	State	CA	ZIP	90041	Country	\prod	United States
Additional inventors are	being named on th	e anbbieruei	ILDI ADDII	ional inventor(s)	sneet(s) P10/SB	/UZA attache	o her	eto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

	ECLARATIO		. ~				ADDITION			(S)	
	ECLARATIC)N '			•		Supple Page2	emental SI	n ee t 3	•	
Given Nam	ne (first and middle	(if any)			Family Name or Surname						
	Virginia				MOSHER						
Inventor's Signature				-	Date						
Residence: City	Lebanon	State	MC)	Countr	у	United States	Citizen	ship	United States	
Residence: Address	27011 Harrill La	ane									
Post Office: Address	27011 Harrill La	ine								-	
Post Office: City	Lebanon	State	MC		ZIP		65536	Countr	,	United States	
Given Nam	e (first and middle	(if any)		_	· · · · · · · · · · · · · · · · · · ·		Family Nar	ne or Surna	ame		
	Philip J.	Philip J. BARR									
Inventor's Signature	·							Date			
Residence: City	Oakland	State	CA		Country		United States	Citizens	hip	United States	
Residence: Address	5602 Denton Pla	ce								•	
Post Office: Address	5602 Denton Pla	се									
Post Office: City	Oakland	State	CA		ZIP		94619	Country		United States	
Given Name	(first and middle	if any)		<u> </u>			Family Nam	e or Surna	me		
	lan C.						BATI	HURST			
Inventor's Signature		r			·			Date			
Residence: City		State	Breitenb	ach	Countr	y	Austria	Citizensh	ip	United States	
Residence: Address	Dorf. 82		· .								
Post Office: Address	Dorf. 82										
Post Office: City		State	Breitenb	ach	ZIP		A-6252	Country	\Box	Austria	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please type a plus sign (+			Paten	nt and Tradem	ark Office: U.	.S. DEPARTMEN	PTO/SB/01 (12-97) 00.OMB 0651-0032 IT OF COMMERCE as it contains a valid			
OMB control number. DECLARATION	N FOR L	JTILITY OR	Attorne	y Docket N	umber	39042-0036				
1	ESIGN			amed Inven		Manzer Durra	ani			
PATENT A	APPLICA	ATION	1.1101.110			IF KNOWN				
`	FR 1.63	•	Applica	tion Numbe		0/579,088				
Declaration Submitted	Sub	Declaration Submitted after Initial		1 1	May 12, 2006					
with Initial OR Filing	Filin	g (surcharge CFR 1.16(e))	Filing D Group A			o be assigned				
		uired)	Examin	er Name	т	o be assigned				
As a below named Inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the origina names are listed below)	al, first and so of the subject	ole inventor (if only of matter which is claim	one name is med and for	s listed below)) or an origina nt is sought or	II, first and joint in the invention e	nventor (if plural			
ALPHA 1-ANTITRYPSIN COMPOSITIONS AND TREATMENT METHODS USING SUCH COMPOSITIONS (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) is attached on (MM/DD/YYYY) obj12/2006 as United States Application Number or PCT International Application Number 10/579,088 and was amended on (MM/DD/YYYY) is hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I haraby daim faraign prio	rite banadita		0(-) (-)	205(1) -6						
I hereby claim foreign prio certificate, or 365(a) of an America, listed below and I or of any PCT international	ly PCT intern have also ide	ational application v	which desig ecking the b	inated at leas oox, any foreic	st one country on application	other than the	United States of			
Prior Foreign Application Number(s)	Country	Foreign Filir (MM/DD/Y		Prior Not Cla	rity imed	Certified Co	opy Attached? NO			
·			· • • • • • • • • • • • • • • • • • • •				⊠			
		•								
			Ī							
·		1		_]			
Additional foreign applic	ation number	s are listed on a sup	plemental p	riority data sh	eet PTO/SB/0	28 attached here	eto:			
I hereby claim the benefit un Application Numbe	naer 35 U.S.C r(s)	. 119(e) of any Unite Filing Date			ication(s) liste	d below.				
60/520,549 11/14/2003 Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.							a lata sheet			

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under	r the !	(+) inside this box Paperwork Reductivalid OMB control r	tion Act of	f 1995,	no p	Pater ersons	nt and 1 s are re	rade quire	mark O	ffice: U	S DEPAR	RTMEN	PTO/SB/01 (12-9 /00.OMB 0651-003 NT OF COMMERC information unless
	D	ECLARATI	ON -	- Util	lity	or	Desi	gn	Pate	ent A	pplica	tior	
designated in the place of the lacknowledge the	bene hited S prior U duty	efit under 35 U.S.(States of America, United States or P(to disclose information of the prior application	C. 120 of listed belo CT internal lation which	f any Un ow and, ational a ch is ma	nited insof applicateria	States far as ation i	s applic the sub in the m	ation(ject n anne	(s), or a natter of r providence	365(c) of each of ded by the	f any PCT of the claim ne first par	r intensions of the	national application ne application is no
U.S. Pare	nt A	pplication or PC	T Parer	nt Num	ber					ing Dat	e P		Patent Number
PCT/US2004/0386		<u> </u>					+		11/11/2		-	(17	applicable)
Additional U.S.	Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/									eet PTO/S	B/028	attached hereto.	
As a named inventor	r. I he	ereby appoint the fol fice connected there	llowing reg with:	gistered Custom OR	practi ner Ni	itioner(umber	(s) to pro 25	0secu 213	te this	application	on and to t	ransac	t all business in the Place Customer Number Bar Code Label kere
N:	ame		Keg	gistratio	on	pracuu	(Orien(a)	Name			hber listed	Delow L	Registration
	Name Number							Nam	10		├	Number	
							•						
Additional registe	red p	ractitioner(s) named	on supple	mental F	Regis	tered F	Practition	ner In	formatio	n sheet	PTO/SB/02	C atta	ched hereto.
Direct all correspon	ndenc	ce to: 🛛 Custome or Bar C	er Number Code Labe	į [25	5213		7	OR 🗆	Correspor	ndence	address below
Name		1								·····			
Address													
City							State			ZIP			
Country			Telepho							Fax			
I hereby declare that believed to be true; a punishable by fine or application or any pate	impris	sonment, or both, u											
Name of Sole or	r Fir	st Inventor:		. <u> </u>		A per	tition h	as be	en file	d for thi	is unsign	ed inv	entor
Given N	lame	(first and middle ((if any)		\Box				Fami	ly Name	or Surna	me_	
		Manzer			\perp					DUR			
nventor's Signature											Date	T	
Residence: City		Plantation	State		FL		Countr	у	_	ited ites	Citizens	hip	United States

United States

Plantation

8290 Cleary Boulevard, Villa #2906

8290 Cleary Boulevard, Villa #2906

State

FL

ZIP

33324

Country

Residence: Address

Post Office: Address

Post Office: City

Please Type a plus sign (+) inside this box	→	<u>_</u>
---	----------	----------

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 3

r									
Name of Addition	al Joint Invento	r, if any:	į		A petition	has been filed	for this uns	igned	inventor
Given Nam	ne (first and middle	(if any)				Family Na	me or Surna	ıme	
	Harish					K	UMAR		
Inventor's Signature							Date		· · · · · · · · · · · · · · · · · · ·
Residence: City	Fullerton	State	C	A	Country	United States	Citizens	hlp	United States
Residence: Address	2056 McGarvey	Street	·						
Post Office: Address	2056 McGarvey	Street							
Post Office: City	Fullerton	State	C,	4	ZIP	92833	Country		United States
Given Nam	e (first and middle (if any)		↓		Family Nan	ne or Surna	me	•
	Timothy				KR	EGER			
Inventor's Signature	Talk Ilin						Date	12	necrus?
Residence: City	Richmond	State	TX		Country	United States	Citizensi	hip	United States
Residence: Address	7702 Dovetail La	ne						_	
Post Office: Address	7702 Dovetail La	ne							
Post Office: City	Richmond	State	TX	F	ZIP	77469	Country		United States
Given Name	(first and middle (i	fany)			· · · ·	Family Nam	e or Surnan	1e	<u>.</u>
	Ken					KABI	NGUE		
Inventor's Signature				,			Date		
Residence: City	Los Angeles	State	CA		Country	United States	Citizensh	ip	United States
Residence: Address	5146 Windermere	Avenue				_			
Post Office: Address	5146 Windermere	Avenue							
Post Office: City Additional inventors are	Los Angeles	State	CA	ltions!	ZIP	90041	Country		United States

Please	Type a	plus	sign (+) inside	this	box	→
--------	--------	------	---------	----------	------	-----	----------

PTO/SB/02A (3-97)

Approved for use through 9/30/98,OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

				_							
	ECLÁRATIO		•		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 3						
Given Nam	ne (first and middle	(if any)			Family Name or Surname						
	Virginia				MOSHER						
Inventor's Signature					Date						
Residence: City	Lebanon	State)	United States		Citize	nship	United States			
Residence: Address	27011 Harrill La	27011 Harrill Lane									
Post Office: Address	27011 Harrill La	27011 Harrill Lane									
Post Office: City	Lebanon	State	МС)	ZIP		65536	Count	ry	United States	
Given Nam	ne (first and middle	(if any)					Family Nar	ne or Surr	name		
				В	ARR						
Inventor's Signature						Date					
Residence: City	Oakland	State	CA	٠.	Country	,	United States	Citizen	ship	United States	
Residence: Address	5602 Denton Pla	ICO									
Post Office: Address	5602 Denton Pla	ce	, <u>`</u>	-							
Post Office: City	Oakland	State	CA		ZIP		94619	Country	<i>'</i>	United States	
Given Nam	e (first and middle	(if any)	· · · · · · · · · · · · · · · · · · ·				Family Nam	e or Surn	ame		
	lan C.						BATI	IURST			
Inventor's Signature								Date	T		
Residence: City		State	Breitenb	ach	Countr	у	Austria	Citizens	hip	United States	
Residence: Address	Dorf. 82										
Post Office: Address	Dorf. 82										
Post Office: City		State	Breitenb	ach	ZIP		A-6252	Country		Austria	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please type a plus sign (+) ins		no persons are		ent and Tradem	ark Office: U.	se through 9/30/0 S. DEPARTMEN	PTO/SB/01 (12-97) 00.OMB 0651-0032 T OF COMMERCE s it contains a valid			
DECLARATION DES	SIGN			ey Docket N lamed Inver		39042-0036 Manzer Durra	ni			
	R 1.63)	//	Applic	ation Number		0/579,088				
Cubmitted	Declaration Submitted	on I after Initial	Filing I	Date	N	lay 12, 2006				
with Initial OR Filing	Filing (sur (37 CFR 1		Group	Art Unit	Т	o be assigned				
, mily	required)	1.10(0))	Exami	ner Name	т	o be assigned				
As a below named Inventor My residence, post office ad I believe I am the original, I names are listed below) of t	ddress, and citize	enship are as s entor (if only o	ne name	is listed below) or an origina					
ALPHA 1-ANTITRYPSIN COMPOSITIONS AND TREATMENT METHODS USING SUCH COMPOSITIONS										
Application Number 10/579,	is attached hereto OR was filed on (MM/DD/YYYY) O5/12/2006 as United States Application Number or PCT International Application Number 10/579,088 and was amended on (MM/DD/YYYY) (If applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as									
I acknowledge the duty to disc I hereby claim foreign priority certificate, or 365(a) of any F America, listed below and hav or of any PCT international app	benefits under : PCT international re also identified	35 U.S.C. 119 application w	(a)-(d) or thich des cking the	r 365(b) of ar ignated at lead box, any foreign	ny foreign app st one country gn application	lication(s) for par other than the for patent or Inve	United States of			
Prior Foreign Application Number(s)	Country	Foreign Filln (MM/DD/Y		Prio Not Cla		Certified Co YES	py Attached? NO			
]	0000				
Additional foreign application is hereby claim the benefit under	on numbers are li	sted on a supp	olemental	priority data sh	neet PTO/SB/0	28 attached here				
Application Number(s)		Filing Date ((MM/DD/	YYYY)	iicauori(S) iiSte	u Delow.				
60/520,549		. 11/1	4/2003		numb suppl	onal provisional a ers are listed on a emental priority d SB/028 attached	a ata sheet			

(Page 1 of 2)
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please 1	VDA 2	olus	sian	(+)	inside	this how	

PTO/SB/01 (12-97)
Approved for use through 9/30/00.OMB 0651-0032

Unde conta	er the l	Paperwork Reduct valid OMB control	ion A	ct of 1995 er.	i, no p	ersons							information unless
	D	ECLARAT	ON	- U1	ility	or	Desig	n	Pate	nt A	oplica	tior	1
designating the Ui designated in the I acknowledge the	e bend Inited S prior I e duty	efit under 35 U.S. States of America, United States or Pe	C. 120 listed CT interaction	0 of any l below and ternational which is r	United d, inso I applic materia	States ofar as cation i	s applicat the subje in the ma atentabilit	tion(: ect m inner	s), or 3 natter of r provide	65(c) o each o ed by the	f any PCT f the claim ne first par CFR 1.56	inters s of the agrap	mational application the application is no th of 31 U.S.C. 112 th became available
U.S. Pare	ent A	pplication or Po	CT Pa	erent Nu	mber		P		nt Fili M/DD/\		e P		t Patent Number ^r applicable)
PCT/US2004/0386	650								11/11/20				
Additional U.S.	. or PC	T international appl	cation	numbers	are list	ed on a	a supplem	enta	l priority	data sh	eet PTO/S	B/0 <u>28</u>	attached hereto.
	or, I he	ereby appoint the fo	llowing	g registere	ed pract	titionen	r(s) to pros	secul					t all business in the
				OR			•						Number Bar Code Label here
			<u> </u>	Registra	itlon	practit	tioner(s) na	ame/			ber listed I	elow	Registration
<u> </u>	lame			Numb	er .	+			Name	9		 	Number
,													
					-				· 		<u></u>		
Additional registe	ered p	ractitioner(s) named	on su	pplementa	al Regis	stered !	Practitione	er Inf	formation	n sheet	PTO/SB/02	C atta	iched hereto.
Direct all correspo	ndenc	ce to: 🛛 Custom or Bar (2	5213		7 0	OR 🗆	Correspor	ndenc	e address below
Name												· · · ·	
Address								_					
City							State			ZIP			
Country				ephone	<u> </u>					Fax			
I hereby declare that believed to be true; a punishable by fine or application or any pat	and tui r impri:	irtner that these stail isonment, or both, t	emen:	ts were m:	tivu aha	th the I	knowledge	a tho	انكااتماد	foles et	stemente e	ad the	a lika aa mada aa
Name of Sole o						. A pe	etition ha	s be	en filed	for th	s unsign	ed inv	rentor
Given I	Name	(first and middle	(if an	X)	_	<u> </u>			Famil	y Name	or Surna	me	
		Manzer]		·			DUR	RANI		
Inventor's Signatur	re										Date		
Residence: City		Plantation	St	ate	FL		Country			ted tes	Citizens	hip	United States
Residence: Addres	58	8290 Cleary Bot	ılevar	d, Villa#	2906			_					
Post Office: Addres	38	8290 Cleary Bou	ılevar	d, Villa#	2906								
Post Office: City		Plantation	Sta	ate	FL		ZIP		3332	4	Country		United States
Additional invento	ors are	e being named on	he su	pplement		itional		s) st			_		

Please Type a plus sign (+) inside this box	-	T+
---	---	----

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 3

									
Name of Additiona	al Joint Inventor	r, if any:			A petition	has been filed f	or this unsig	gned	inventor
Given Nam	e (first and middle	(if any)				Family Nan	ne or Surnar	ne	
	Harish					KL	JMAR .		
Inventor's Signature							Date		
Residence: City	Fullerton	State	CA	,	Country	United States	Citizensi	nip	United States
Residence: Address	2056 McGarvey	Street			•				
Post Office: Address	2056 McGarvey	Street							
Post Office: City	Fullerton	State	CA		ZIP	92833	Country		United States
Given Name	(first and middle (if any)				Family Nam	e or Surnam	16	
	Timothy					KRII	EGER		
Inventor's Signature							Date		
Residence: City	Richmond	State	тх		Country	United States	Citizensh	ip	United States
Residence: Address	7702 Dovetail La	ne							
Post Office: Address	7702 Dovetail Las	ne							
Post Office: City	Richmond	State	. тх		ZIP	77469	Country		United States
Given Name	(first and middle (if	rany)				Family Name	or Surname	B	
	Ken	,			·	KABI	NGUE		
Inventor's Signature	(~	K.					Date	12	16/2007
Residence: City	Los Angeles	State	CA	.	Country	United States	Citizenshi	P	United States
Residence: Address	5146 Windermere	Avenue							
Post Office: Address	5146 Windermere	Avenue							
Post Office: City	Los Angeles	State	CA		ZIP	90041	Country		United States
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:									

Please	Type a	plus	sign	(+)	inside	this bo	X.
--------	--------	------	------	-----	--------	---------	----

PTO/SB/02A (3-97) Approved for use through 9/30/98,OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

	valid OMB control n			_		_					
D	ECLARATIO	ON		ADDITIONAL INVENTOR(S) Supplemental Sheet Page _2 _ of3_							
Given Nan	ne (first and middle	(if any)		Family Name or Surname							
	Virginia				MOSHER						
Inventor's Signature					Date						
Residence: City	Lebanon	State	State MO Country States					Citizen	ship	United States	
Residence: Address	27011 Harrill La	ane			·····					-1	
Post Office: Address	27011 Harrill La	ine									
Post Office: City	Lebanon	03330						Country	,	United States	
Given Nam	e (first and middle (if any) Family Name o							ne or Surna	or Surname		
	Philip J. BARR										
Inventor's Signature								Date			
Residence: City	Oakland	State	CA		Country	·	United States	Citizenship		United States	
Residence: Address	5602 Denton Pla	Ce .									
Post Office: Address	5602 Denton Pla	Ce		,							
Post Office: City	Oakland	State	CA		ZIP		94619	Country		United States	
Given Name	(first and middle	if any)					Family Nam	e or Surna	me		
	lan C.						BATI	IURST		j	
Inventor's Signature								Date			
Residence: City		State	Breitenb	abach Country Austria Citizens					ip	United States	
Residence: Address	Dorf. 82										
Post Office: Address	Dorf. 82										
Post Office: City		State	Breitenb	ach	ZIP		A-6252	Country		Austria	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please type a plus sign (4				ent and Traden	nark Office: U.	se through 9/30/0 S. DEPARTMEN	PTO/SB/01 (12-97) 00.OMB 0651-0032 T OF COMMERCE			
Under the Paperwork Rec OMB control number.	luction Act of	1995, no persons are	e required	to respond to	a collection of	information unles	s it contains a valid			
DECLARATIO	N FOR L	ITILITY OR	Attorn	ey Docket N	lumber	39042-0036				
_	ESIGN		First N	Named Inver		Manzer Durra	ıni			
PATENT A	APPLIC/	ATION			COMPLETE	IF KNOWN				
l `	CFR 1.63	•	Applic	ation Numb	er 1	10/579,088				
Declaration Submitted OF	Sub	laration mitted after Initial	Filing	Date		May 12, 2006				
with Initial Filing	Hilin	g (surcharge CFR 1.16(e))	Group	Art Unit		o be assigned				
		uired)	Exam	iner Name	Ţ	o be assigned				
the specification of whice is attached here OR was filed on (MMApplication Number 10/5) I hereby state that I have amended by any amendment is acknowledge the duty to the state of the st	OR									
I hereby claim foreign pricertificate, or 365(a) of an America, listed below and or of any PCT international	ny PCT intern have also ide	ational application v ntified below, by che aving a filing date be	which desecking the fore that of	signated at lease box, any foreit of the application	st one country gn application on on which pri	other than the for patent or invention of the control of the contr	United States of entor's certificate,			
Prior Foreign Application Number(s)	Country	Foreign Filir (MM/DD/Y		Prio Not Cl	ority aimed	Certified Co YES	py Attached? NO			
	1			· C	ן ו		Ø			
		j		C)	.				
			į]					
☐ Additional foreign applic	ation number	s are listed on a com-	plomosto	Indority data -	nod PTO/CD	O ottobal ba				
I hereby claim the benefit u	nder 35 U.S.C	. 119(e) of any Unite	ed States	provisional app	lication(s) liste	d below.	iu.			
Application Number	r(s)	Filing Date	(MM/DD/	YYYY)						
60/520,549		11/	14/2003		numb suppl	onal provisional a ers are listed on a emental priority d SB/028 attached	a ata sheet			

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop _, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please	Type a	ntus	sian ((+)	incida	this box	
1 10030	17200	pius	Sign (. •	III	11113 DOX	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America. listed below and, insofar as the subject matter of each of the claims of the application in our

I acknowledge th	he duty	United States or PC to disclose information of the prior application	nation which	tional applic h is materia	ication in ial to pate	n the ma tentabili	anner pro	rovided by the	he first para CFR 1.56 v	agraph which	h of 31 U.S.C. 112 n became available
U.S. Par	rent A	pplication or PC	CT Parent	t Number	r	1		Filing Date	e Pa		Patent Number
PCT/US2004/038	3650							11/2004		ــناـــ	<u> </u>
		CT international appli		,							
As a named invent Patent and Traden	tor, I he nark Of	ereby appoint the fol fice connected there	ilowing regi: with:	stered prac Customer !	titioner(s Number	s) to pro 252		nis applicatio	on and to tra	insact	t all business in the
			_0	OR	•						Place Customer Number Bar Code Label here
				Registered jistration	practition	ner(s) n	ame/regi	istration num	iber listed br	elow L	Registration
	Name			umber			N	Vame		<u> </u>	Number
		j	i				٠.		J	l	•
									.	i	
										¦	
☐ Additional regis	itered p	practitioner(s) named	i on suppler	nental Regi	istered Pr	ractition	er Inform	nation sheet	PTO/SB/02	C atta	ched hereto.
Direct all correspond	ondenc	ce to:	er Number Code Label		25:	213	$\overline{\neg}$	OR 🗆	Correspon	dence	e address below
Name											
Address	 										
City	<u> </u>				s	State		ZIP			
Country	<u> </u>		Telephon					Fax	<u> </u>		
I hereby declare that believed to be true; punishable by fine of application or any pa	; and fur or impri	urther that these stat isonment, or both, u	tements wer	ere made wi	rith the kn	nowleda	e that wi	illful false sta	atements an	nd the	like so made are
Name of Sole	or Fir	st inventor:] A peti	ition ha	as been	filed for thi	is unsigne	d inv	entor
Given	Name	(first and middle	(if any)				Fi	amily Name	a or Surnar	me	
1	<u>. </u>	Manzer						DUR	RANI		
Inventor's Signatu	ıre	<u></u>							Date		
Residence: City		Plantation	State	FL		Country		United States	Citizenst	hip	United States
Residence: Addre	:55	8290 Cleary Bou	ulevard, Vi	illa #2906					· -		
Post Office: Addre	ss	8290 Cleary Bou			•						
Post Office: City		Plantation	State	FL	- ,	ZIP	Τ,	33324	Country		United States
	Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:										

Please Type a plus sign (+) inside this box		+	ĺ
---	--	---	---

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of _

					 				
Name of Additiona	al Joint Inventor	, if any:			A petition	has been filed for	or this unsi	gned i	nventor
Given Nam	ne (first and middle ((if any)		I		Family Nam	ne or Surnar	me	
	Harish			1_		KU	JMAR		
Inventor's Signature							Date		
Residence: City	Fullerton -	State	CA	A	Country	United States	Citizensi	hip	United States
Residence: Address	2056 McGarvey S	Street					٠		
Post Office: Address	2056 McGarvey S	Street							
Post Office: City	Fullerton	State	CA	A	ZIP	92833	Country		United States
Given Name	e (first and middle (i	if any)		\perp		Family Name	e or Surnan	ne	
	Timothy				-	KRII	EGER	:	
Inventor's Signature							Date		
Residence: City	Richmond	State	тх		Country	United States	Citizensh	nip _	United States
Residence: Address	7702 Dovetail Lar	ne							
Post Office: Address	7702 Dovetail Lar	ne							
Post Office: City	Richmond (fine)	State	TX		ZIP	77469	Country		United States
Given name	(first and middle (if	any)		 		Family Name	or Surname	<u>e</u>	
	Ken			<u> </u>		. KABIN	NGUE		
Inventor's Signature						·	Date		
Residence: City	Los Angeles	State	CA		Country	United States	Citizenshi	ip	United States
Residence: Address	5146 Windermere	Avenue				•			
Post Office: Address	5146 Windermere	Avenue							
Post Office: City	Los Angeles	State	CA		ZIP	90041	Country		United States
Additional inventors are	a being named on the	a suppleme	ental Addi	itional	Inventor(s)	sheet(s) PTO/SB	/02A attache	ed here	eto:

Approved for use through 9/30/98,OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DI	DECLARATION Given Name (first and middle (if any)				ADDITIONAL INVENTOR(S) Supplemental Sheet Page _2 _ of3_					
Given Nam	ne (first and middle	(if any)				Family Na	me or Surna	ame		
	Virginia					M	OSHER	SHER		
Inventor's Signature	Wigin	iw	mos	she	r		Date	1	2/24/07	
Residence: City	Lebanon	State	. MO		United Country States		Citizen	ship	United States	
Residence: Address	27011 Harrill Lane									
Post Office: Address	27011 Harriii La	27011 Harrili Lane								
Post Office: City	Lebanon	MO)	ZIP	65536	Country	,	United States		
Given Nam	e (first and middle	(if any)				Family Nar	ne or Surna	me	j	
	Philip J. BAR						ARR			
Inventor's Signature							Date			
Residence: City	Oakland	State	CA		United States		Citizens	hip	United States	
Residence: Address	5602 Denton Pla	ce								
Post Office: Address	5602 Denton Pla	ce								
Post Office: City	Oakland	State	CA		ZIP	94619	Country	•	United States	
Given Name	e (first and middle)	(if any)	7			Family Nan	e or Surna	me		
	lan C.	:				BAT	HURST	•		
Inventor's Signature							Date			
Residence: City		State	Breitenb	ach	Country	/ Austria	Citizensh	ip	United States	
Residence: Address	Dorf. 82									
Post Office: Address	Dorf. 82								·	
Post Office: City		State	Breitenb	ach	ZIP	A-6252	Country		Austria	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Pleas	e type a plus sign	(+) inside t	his box —	—	Pat	ent and Tradeo	Approved for the	use through 9/30/0	PTO/SB/01 (12-97) 00.OMB 0651-0032 T OF COMMERCE	
	the Paperwork Recontrol number.	eduction Ad	ct of 1995, r	no persons are					s it contains a valid	
DE	CLARATIC	ON FO	R UTIL	ITY OR	Attorr	ney Docket N	Number	39042-0036		
		DESIGI	-		First I	Named Inve		Manzer Durra	ni	
[PATENT	APPL	ICATIO	ON	<u> </u>	· · · · · · · · · · · · · · · · · · ·	COMPLETE	IF KNOWN		
	(37	CFR 1	•		Applic	ation Numb	er .	10/579,088		
	Declaration Submitted		Declaration Submitted	on Lafter Initial	Filing Date			May 12, 2006		
ŧ	with Initial Filing		Filing (sur	•	Group	Art Unit		To be assigned		
	i iiii ig		required)	1.10(6))	Exam	iner Name		To be assigned		
	· · · · · · · · · · · · · · · · · · ·									
l be	My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
ALPHA 1-ANTITRYPSIN COMPOSITIONS AND TREATMENT METHODS USING SUCH COMPOSITIONS										
				(TH	le of the i	Invention)	· · · · · · · · · · · · · · · · · · ·	····		
the	specification of whi is attached her OR			•						
Ø	was filed on (M	M/DD/YYY	Y) [05/12/2006]	as Unite	d States Applic	cation Number or	PCT International	
Applic	ation Number 10	/579,088	and was	emended on (P	MM/DD/Y	m) [(if applicable).			
amend	by state that I ha led by any amendr	ment specif	ically referr	ed to above.					g the claims, as	
l ackno	owledge the duty to	o disclose ii	nformation	which is mater	ial to pat	entability as de	fined in 37 CF	R 1.56.		
certific Americ or of a	by claim foreign prate, or 365(a) of a listed below and property property or property or and property or property	any PCT ind d have also nal application	nternational o identified	application we below, by che	vhich de: cking the	signated at lea box, any forei	st one countri ion application	y other than the for patent or inve	United States of	
Prior F	oreign Application Number(s)		ountry	Foreign Filln (MM/DD/Y		Pric Not Cl	ority aimed	Certified Co YES	py Attached? NO	
]	0	Ø	
				-			כ			
	•						3			
		<u> </u>]			
L Add	ditional foreign app	dication nur	nbers are li	sted on a supp	olementa	priority data si	heet PTO/SB/0	028 attached here	to:	
ı nereb	y claim the benefit Application Numb	under 35 U ber(s)	J.S.C. 119(e	e) of any Unite Filing Date (vication(s) liste	ed below.		
60/520,549 11/14/2003						1	numb suppl	ional provisional a pers are listed on a lemental priority d SB/028 attached l	ata sheet	

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop

______ Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please Type a plus sign (+) inside this box	→	_
---	----------	---

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it

contai	ins a v	alid OMB control r	iumber.							•	
	D	ECLARATI	ON —	Utility	or	Desig	n Pate	ent A	pplicat	tion	
I hereby claim the designating the Un designated in the p I acknowledge the between the filing of	e bene nited S prior U e duty	offit under 35 U.S.(states of America, United States or PC to disclose information	C. 120 of a listed below CT internation ation which	ny United and, inso onal applic	State far as ation	s applicati the subject in the man	ion(s), or ct matter ner provi	365(c) of each of ded by the	of any PCT of the claims ne first para CFR 1 56	intens of the	national application re application is no
U.S. Pare	ent A	oplication or PC	T Parent	Number			arent Fi	•	e Pa		Patent Number
PCT/US2004/0386	550						11/11/			100	<i>арріювые</i> ,
			•	-							
					٠						
Additional U.S.	or PC	T international appli	cation numb	ers are list	ed on	a suppleme	ental priori	ty data sh	eet PTO/SE	3/028	atteched hereto.
As a named invento Patent and Tradema	or, I he ank Offi	reby appoint the folice connected there	lowing regis	itered prac	titione: lumbe:	r(s) to pros		applicati	on and to tr	ansac	
				R							Place Customer Number Bar Code Label here
			Regi	Registered stration	practi	tioner(s) na	me/registr	ation nun	nber listed b	elow	<u> </u>
N	Name Number						Nar	ne			Registration Number
		ļ			- 1		,	•			
		i									
Additional registe	ered p	actitioner(s) named	on supplem	ental Regi	stered	Practitione	r Informati	on sheet	PTO/SB/02	C atta	ched hereto.
Direct all correspon	ndenc		er Number Code Label		2	5213		OR 🗆	Correspon	dence	address below
Name								•••			····
Address											
City						State		ZIP			
Country	<u>-</u>		Telephone	е				Fax			
I hereby declare that believed to be true; a punishable by fine or application or any pat	and lui Impri	voer mat mese stat sonment, or both, u	ements wen	a mada wi	th the	knowledge	that willfr	ıl falea et	atemante a	ad the	lika sa mada am
Name of Sole o	r Fin	st Inventor:			Ap	etition has	been file	ed for th	is unsigne	d inv	entor
Given N	Name	(first and middle	(if any)				Fam	ily Name	or Surna	me	
		Manzer						DUR	RANI		
Inventor's Signatur	ne e								Date		
Residence: City		Plantation	State	FL		Country		nited lates	Citizens	hip	United States
Residence: Addres	8	8290 Cleary Bou	levard, VII	la #2906					· · · · · · · · · · · · · · · · · · ·	•	
Post Office: Addres	3	8290 Cleary Bou	levard, VIII	la #2906							, -
Post Office: City	·	Plantation	State	FL		ZIP	333	324	Country		United States
Additional inventor	ors are	heing named on t	he cumular	antal Add	Hone	Incombanda		DT0.00	100A		

Please Type a plus sign (+) inside this bo	ox — +	1
--	--------	---

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATI	
JILI'I ADATI	\sim
DEGLARAII	

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 3

Name of Addition	al Joint Invento	or, if any:		☐ A petition	n has been filed	for this unsign	ed Inventor		
Given Name (first and middle (if any)				Family Name or Surname					
Harlsh				KUMAR					
Inventor's Signature					 -	Date			
						1			
Residence: City	Fullerton	State	CA	United Country States		Citizenship	United States		
Residence: Address	2056 McGarvey	Street		June 1					
Post Office: Address 2056 McGarvey Street									
Post Office: City	Fullerton	State	CA	T			United States		
	Given Name (first and middle (if any)				ZIP 92833 Countr				
Timothy				KRIEGER					
Inventor's Signature	 	,				Date			
Residence: City	Richmond	State	TX	Country	United States	Citizenship	United States		
Residence: Address	7702 Dovetail La	ine				<u> </u>			
Post Office: Address	7702 Dovetail La	ine					······································		
Post Office: City	Richmond	State	TX	ZIP	77469	Country	United States		
Given Name	(first and middle (if any)	+		Family Name	or Surname			
	Ken			KABINGUE					
inventor's Signature						Date			
Residence: City	Los Angeles	State	CA	Country	United States	Citizenship	United States		
Residence: Address	5146 Windermere	Avenue					 		
Post Office: Address	5146 Windermere	Avenue							
Post Office: City 3 Additional inventors are	Los Angeles	State	CA	ZIP	90041	Country	United States		

Please	Type a	nlus sian	(+) inside	this box	→	ľ
- icase	i ype a	i hina aidii	(T) BISIUG	11113 DOX	-	ı

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page _2 _ of3_						
Given Name (first and middle (if any) Family Nam					e or Surna	me				
					SHER		•			
Inventor's Signature					Date			T	· ·	
Residence: City	Lebanon	State	мо		Country	United States	Citizens	ship	United States	
Residence: Address	27011 Harrill Lane									
Post Office: Address	27011 Harrill Laı									
Post Office: City	Lebanon	State	МО		ZIP	65536	Country	,	United States	
<u></u>						Family Nam	nily Name or Surname			
·	Philip J.	0	20			В	ARR			
Inventor's Signature		n 11	w				Date	10	16/07	
Residence: City	Oakland	State	CA		Country	United States	Citizens	hip	United States	
Residence: Address	5602 Denton Plac	:е								
Post Office: Address	5602 Denton Plac	:0							-	
Post Office: City	Oakland	State	CA		ZIP	94619	Country		United States	
Given Name	e (first and middle (if any)				Family Nam	e or Surna	me		
•	lan C.	121				BATH	IURSŢ		1 1	
Inventor's Signature	THE	W	ŕ				Date	10	16/07	
Residence: City	·	State	Breitenb	ach	Country	Austria	Citizens	hip	United States	
Residence: Address Dorf. 82										
Post Office: Address Dorf. 82										
Post Office: City	State Breitenbach ZIP A-6252 Country Aus						Austria			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.